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APPLICANTS

Lee S. Weinblatt, Teaneck, NJ;
 Thomas Langer, Teaneck, NJ;

** CONTINUING DATA ***** *NONE* *a*

** FOREIGN APPLICATIONS ***** *NONE* *a*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 4	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

~~1933
FRISHAUF, HOLTZ, GOODMAN & CHICK, PC
220 Fifth Avenue
16TH Floor
NEW YORK, NY
10001-7708~~

*COHEN, PONTANI, LIEBERMAN & PAVANE
551 FIFTH AVENUE, SUITE 1210
NEW YORK, NEW YORK 10176*

TITLE

Audience detection

FILING FEE RECEIVED 555	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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